

FORM LM-30  
**LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>10656</b>	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name <b>GARY L. SCIORTINO</b> P.O. Box Bldg Room No if any Street <b>#7 ST ANNE</b> City <b>PEKIN</b> State <b>Illinois</b> ZIP Code + 4 <b>61554</b>	4 Name file number and address of labor organization Name <b>LABORERS LOCAL #231</b> Labor Organization File Number <b>024139</b> P.O. Box Building and Room Number if any <b>PO BOX 374</b> Street <b>2503 BROADWAY</b> City <b>PEKIN</b> State <b>Illinois</b> ZIP Code + 4 <b>61554</b>
5 Position in labor organization <b>VICE PRESIDENT</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A <sup>1</sup> Held an interest in engaged in transactions (including loans) with or derived income, or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box Bldg Room No if any Street City State ZIP Code + 4	7a Nature of Interest Transaction or Income 7b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

*Gary L. Sciortino*

On

08 15 2005

Date

309 347 7519

Telephone Number

Name of Person Filing GARY SCIORTINO

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name LABORERS LOCAL #231 HEALTH &amp; WELFARE FUND

Trade Name if any

P O Box Bldg Room No if any P O BOX 374

Street 2503 BROADWAY

City PEKIN

State Illinois ZIP Code + 4 61554

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

EMPLOYEE OF FUND	WAGES	\$75 380 70
	FRINGE BENEFITS	22 599 60
	EXPENSES REIMBURSED	7 875 31

## 12 b Amount

\$105 856

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment